

South Dakota Women's Prison  
Intensive Methamphetamine Treatment Program

Interim Evaluation Report  
Data as of June, 30 2007

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### **Key Summation Points**

- Over 90% of program participants completed Phase II of the program
- Over 70% of program participants matriculating into Phase III remain active in the Phase III or are active in Phase IV
- 95% of program participants reported some level of abuse in their background
- Participants report a reduction in mental health symptoms across phases of the program
- Participants report increases in family functioning across phases of the program
- Participants report a decrease in temptation to use methamphetamine in key situations and an increase in their confidence in their ability to not use methamphetamine in key situations
- Participants report an increase in their “readiness” to change along the stages of change continuum as the progress in the program
- Overall 97% of program participants rate the overall program as “good” or “excellent”
- Program participants report substantial progress on sixteen key concepts from entry into the program until completion on Phase II

### **Summation**

Based on review of the initial data available for the SDWP Intensive Methamphetamine treatment project, the program is effective in supporting program participants in addressing their addiction and all program indicators are moving in a positive direction. Comparison with national benchmarks is included on the following page.

## Comparison of SDWP IMT to National Benchmarks

| <b>Benchmark Area</b> | <b>National Benchmark from the Matrix Model Outpatient Study of 420 individuals*</b>   | <b>SDWP IMT Data</b>  |
|-----------------------|--|---|
| Retention             | <ul style="list-style-type: none"> <li>67.1% of the sample remaining in treatment longer than 2 weeks</li> <li>56% remained in treatment longer than 1 month</li> <li>Average length of treatment stay averaged 7.87 (+/- 6.6 weeks)</li> <li>Retention as indicated by a treatment stay of 90 days or longer was 35%</li> </ul> | <p>Of the program participants that completed phase 2 and have entered phase 3 at half-way house:</p> <p>The average length of treatment recorded thus far is 15.4 weeks</p> <p>Over 70% remain active in Phase III or Phase IV</p> |
| Urine Samples         | <ul style="list-style-type: none"> <li>Mean number of meth-free urine samples collected was 4.79 (+/- 5.86)</li> <li>The percentage of participants who provided three consecutive (in weeks) drug-free urine samples during the course of treatment was 45%</li> </ul>  | <p>UA data available for analysis for phase 3 and 4 combined provided an average number of 15.5 urine free samples per client</p>   |
| Program Completers    | <ul style="list-style-type: none"> <li>16-week treatment regimen (i.e. treatment completers) was 33.3%</li> </ul>  | <p>Not able to compare at this point since the initial cohort will reach completion in August of 2007.</p>  |

\* Source: Hillhouse, P. M., Marinelli-Casey, P., Gonzales, R., Ang, A., Raswon, R. A., et al. (2007). Predicting In-Treatment Performance and Post-Treatment outcomes in Methamphetamine Users. *Addiction*, 102, 84-95.

*I like most the way my counselor is very persistent and caring. (Even when it wasn't fun and didn't feel good.) The information that was presented was vital to recover and I give all my kudos to the correctional staff who help provide a "Therapeutic Environment" to the best of their ability in an incarcerated circumstance. All my gratitude! Thank-you.*

Source: Program Participant's Response on Exit Interview after completing Phase II.

## **Introduction**

This report is intended to serve as an interim summary of data available as of the June 30, 2007 from the initial seven cohorts of program participants. The report is designed to aid understanding of the programs impact/effect on participants and to aid in improving the program and services. The data contained in this report were gathered through summation and review of the data collection instruments used to evaluate the program.

Data on program participants are collected and available upon entry into the SDWP IMT/Therapeutic community and upon completion of each subsequent phase. Since the program was implemented "midstream" with many inmates currently in the correction system, initial baseline or intake data collected from inmates upon their initial substance abuse assessment within the corrections system was not available on all participants. This information will be available on inmates entering the correction system after initiation of the SDWP IMT program in late summer of 2006.

## **Summary of Program Participants**

### **Number of Participants**

As of June 30, 2007 seven cohorts have participated in or completed Phase II of the program for a total of 56 individuals that have participated in Phase II and beyond. There is an additional group of individuals that have been identified as eligible program participants. This group is currently in the general prison population waiting until program space is available and their discharge or parole eligibility a line with the program structure.

### **Demographics**

The women participants ranged in age from 20 to 50, with an average age for program participants of 33.4 (+/- 7.8) years of age. Living situations prior to incarceration varied from "other" and "have no home" to living alone or with parents, a spouse, or children. While almost all of the women said they were unemployed, this may be due to their incarceration, as a number of program participants reported they had worked during at least part of the previous year.

Approximately one-third of the individuals report their race/ethnicity as Native American and the remainder of individuals reporting their ethnicity as White. (One individual reported their ethnicity as "Other").

### Abuse

Of the 21 women for whom abuse data was available at this time from the longitudinal outcomes forms, 95% of program participants (all but 1 for whom abuse data was available) reported physical or sexual abuse. The table below provides a summary of this information by age at time of abuse and type of abuse. It should be noted that some of the program participants report both physical and sexual abuse before and after age 18.

| <b>Summary of Reported Abuse</b> |             |             |
|----------------------------------|-------------|-------------|
|                                  | Before 18   | After 18    |
| Physical Abuse                   | 14<br>(67%) | 16<br>(76%) |
| Sexual Abuse                     | 14<br>(67%) | 8<br>(38%)  |

### Depression/Mental Health

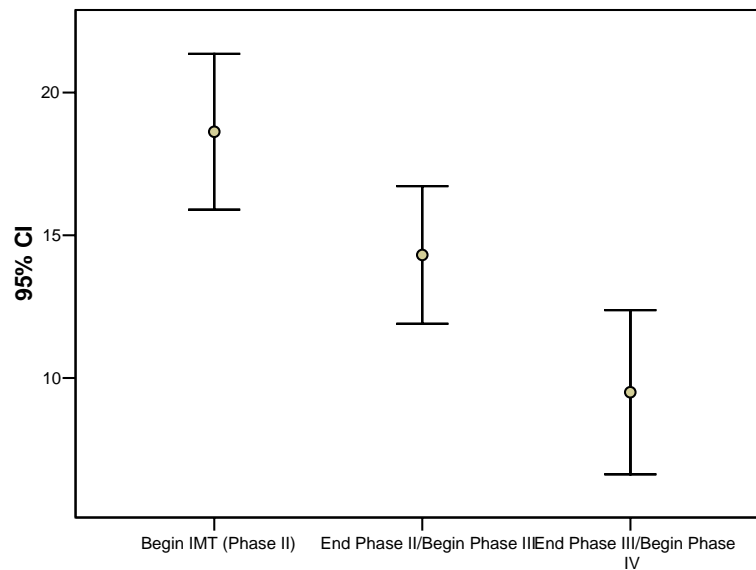
Depression is a significant factor related to substance use and abuse. The CES-D scale (Randloff, 1977) is designed to measure current level of depressive symptoms, and especially depressive affect. Each item is rated on 4-point scales indicating the degree of their occurrence during the last week. Individuals with scores  $\geq 16$  are considered at-risk.

Overall, participating in the program report a reduction in depression symptoms from an average of 18.6 at the beginning of Phase II to 14.3 at the beginning of Phase III to an average of 9.5 at the beginning of Phase IV. The table and chart below illustrate the trend in average CES-D scores as program participants progress through the program.

**Descriptive Statistics CESD**

|                              | N  | Minimum | Maximum | Mean  | Std. Deviation |
|------------------------------|----|---------|---------|-------|----------------|
| Begin IMT (Phase II)         | 64 | 2       | 48      | 18.62 | 10.920         |
| End Phase II/Begin Phase III | 45 | 0       | 30      | 14.31 | 8.025          |
| End Phase III/Begin Phase IV | 18 | 1       | 18      | 9.50  | 5.783          |

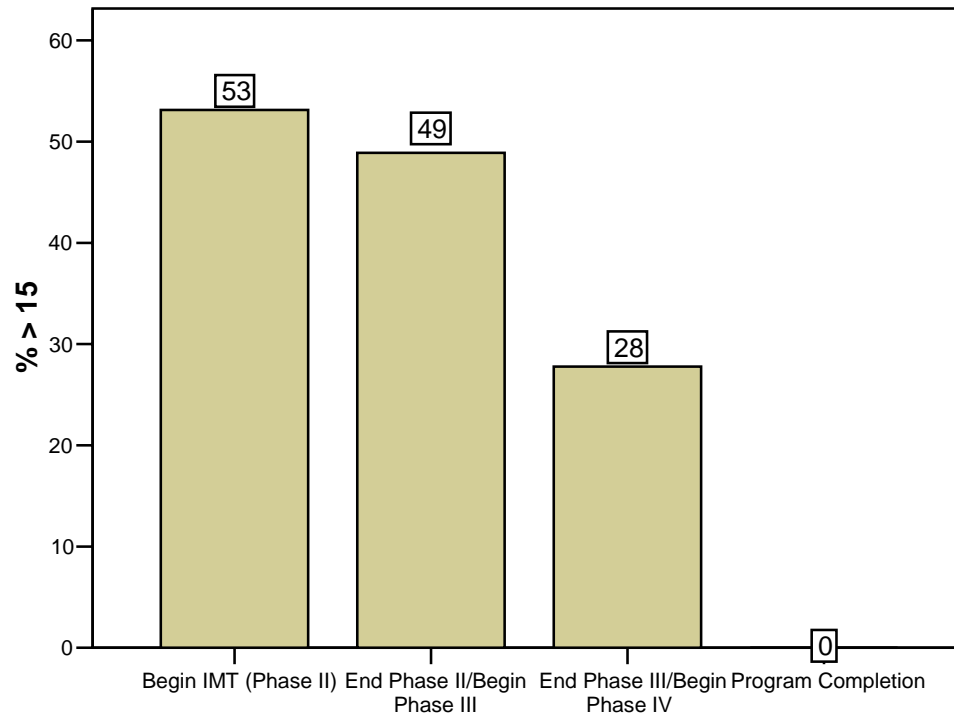
### Summary of Decline in Depressive Symptoms



\* Includes all participant data at each phase.

The following graph indicates the percentage of inmates reporting meeting the threshold score for depression based on the CESD screening instrument. Overall, 53% of women beginning the program (Phase II) report depressive symptoms that categorize them as “at-risk” for mental health related concerns. While the average symptoms declined during the program, 49% of individuals completing Phase II and 28% of program participants completing Phase III continue to score as “at-risk” for mental health concerns. This is an indication that mental health symptoms have declined during the program, but there remains an ongoing need for mental health services during subsequent phases of the program and linkage of program participants with mental health needs to community based mental health services should be fostered as participants near completion of the program.

### % of Participants with a CESD Risk for Depression by Program Phase



\*A score of 16 or greater indicates a risk for depression

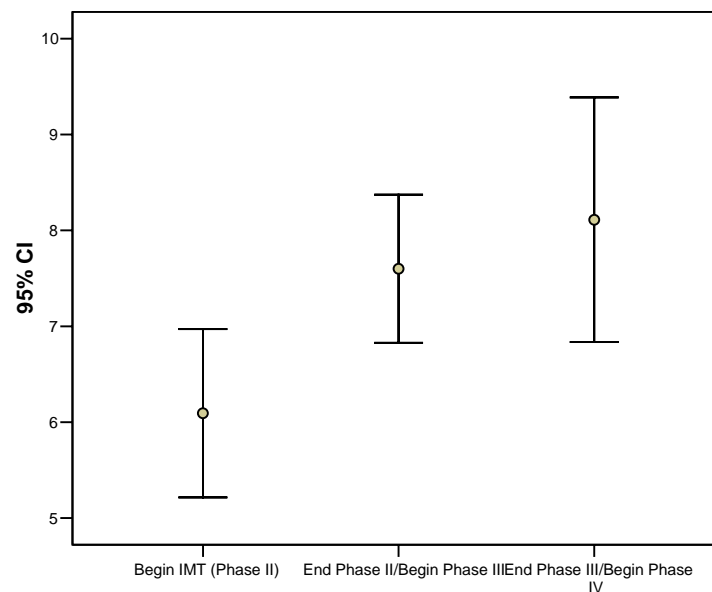
## Family Functioning

Family Functioning is another key area of emphasis in the treatment program. Family Functioning is measured using the FAPGAR (Smilkstein, 1978), a short five question instrument that is a multi-dimensional measure of global family functioning. Lower scores indicate poor family functioning while higher scores indicate positive family functioning. The table and chart below indicate program participants report on average an increase in family functioning during the course of the program.

**Trend in Family Functioning Scores**

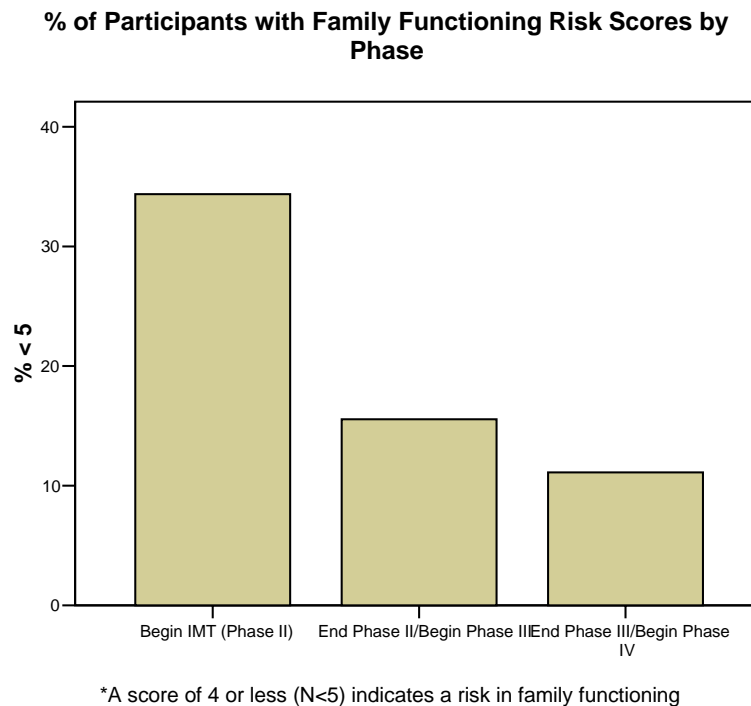
|                              | N  | Minimum | Maximum | Mean | Std. Deviation |
|------------------------------|----|---------|---------|------|----------------|
| Begin IMT (Phase II)         | 64 | 0       | 10      | 6.09 | 3.513          |
| End Phase II/Begin Phase III | 45 | 0       | 10      | 7.60 | 2.571          |
| End Phase III/Begin Phase IV | 18 | 1       | 10      | 8.11 | 2.564          |
| Valid N (listwise)           | 18 |         |         |      |                |

**Trend in Family Functioning (FAPGAR) Scale Scores**



As the graph below indicates, 34% of individuals report family functioning as a concern at the beginning of Phase II. At the conclusion of Phase II, beginning of Phase III, 15% of program participants report family functioning as a concern. At the beginning of Phase IV 11% of program participants report family functioning as a concern. In summary, as program participants progress in the program, program participants report more positive levels of family functioning.





### Readiness to Change

The University of Rhode Island Change Assessment (URICA) developed by DiClemente and Prochaska measures and individuals readiness to change along the stages of change continuum of Pre-contemplation, Contemplation, Action and Maintenance and is a good indicator of how engaged an program participant might be in the treatment program. Because only a small number of program participants have progressed into Phase IV at this time it is not possible to conduct reliable statistical analysis across all the phases. But preliminary review of the trends indicates program participants progress along the stages of change continuum as they progress in the program. A global readiness to change score summarizes each participant's response and the data are summarized in the table and chart below. Overall, program participants report an increase in readiness to change from entry into the program and then into each subsequent program phase. The trend in readiness to change does drop at the beginning of Phase IV, but as mentioned earlier there are relatively few data points from which to draw conclusions.

**Summary of Readiness to Change Scores**

|                              | N  | Minimum | Maximum | Mean    | Std. Deviation |
|------------------------------|----|---------|---------|---------|----------------|
| Prison Intake                | 57 | 42.00   | 110.00  | 77.5860 | 16.62637       |
| Begin IMT (Phase II)         | 64 | 48.00   | 112.00  | 86.8179 | 13.76668       |
| End Phase II/Begin Phase III | 46 | 69.00   | 109.00  | 90.7298 | 9.55852        |
| End Phase III/Begin Phase IV | 19 | 63.00   | 107.00  | 84.7895 | 11.81138       |
| Valid N (listwise)           | 2  |         |         |         |                |

**Trend in Rediness to Change Scores****by Program Phase**

\* Includes all participants with data points at each phase

A key finding of this initial analysis is supportive of the program structure is the increase in average readiness to change scores from intake to entry into Phase II of the program. Thus, program participants responses to the URICA questions report they are more ready to change and as they enter the program than when first assessed when entering prison.

### Self-Efficacy

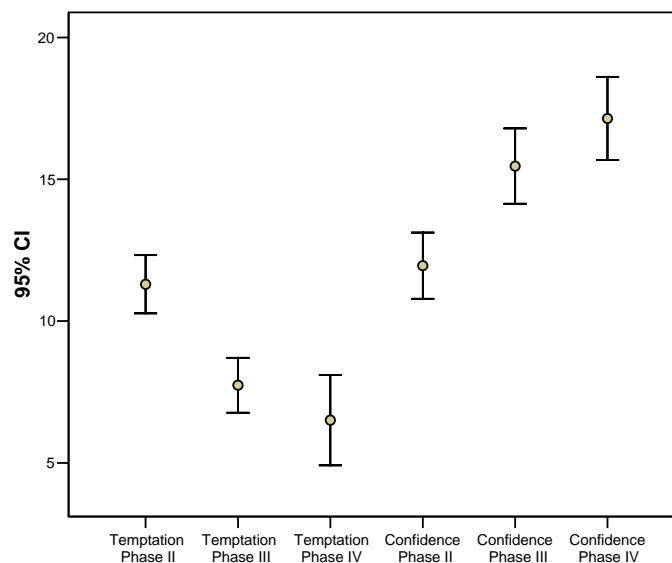
The Methamphetamine Abstinence Self-Efficacy Scale (MASE) is an adaptation of Alcohol Abstinence Self-Efficacy (AASE) to be specific for methamphetamine abuse. The MASE assesses Bandura's construct of self-efficacy and evaluates an individual's efficacy (i.e., confidence) to abstain from use methamphetamine in different situations that represent typical cues consistent with abuse of methamphetamine. The scale assesses an individual's confidence in their ability not to use and their level of temptation to use in various situations.

The program participants report a reduction in temptation from the beginning of Phase II (average of 11.3) to the beginning of Phase III (average of 7.7) to the beginning of Phase IV (average of 6.5). Corresponding with a reduction in temptation, program participants indicate an increase in their confidence in their ability to not use methamphetamine between the beginning of Phase II (average of 11.9) to the beginning of Phase III (average of 15.4) to the beginning of Phase IV (average of 17.1). The trend in a decrease in temptation to use methamphetamine and an increase in confidence to not use suggest that the program in assisting individuals with their self-efficacy to remain abstinent.

**Descriptive Statistics**

|                      | N  | Minimum | Maximum | Mean  | Std. Deviation |
|----------------------|----|---------|---------|-------|----------------|
| Temptation Phase II  | 65 | 4.00    | 18.80   | 11.29 | 4.14           |
| Temptation Phase III | 46 | 4.00    | 16.20   | 7.73  | 3.25           |
| Temptation Phase IV  | 19 | 4.00    | 15.20   | 6.50  | 3.31           |
| Confidence Phase II  | 65 | 4.00    | 20.00   | 11.95 | 4.70           |
| Confidence Phase III | 46 | 4.00    | 20.00   | 15.46 | 4.47           |
| Confidence Phase IV  | 19 | 7.40    | 20.00   | 17.14 | 3.04           |

**Self-Efficacy: Temptation and Confidence Summary Scores by Phase**



### Program Retention

A key benchmark often used to measure substance abuse treatment programs is retention in treatment. Length of time in treatment has consistently been identified as one of the best predictors of program success and subsequent abstinence. The following program participant retention summary is based on analysis of the ongoing tracking log provided by the Department of Correction and the Adverse Event Form completed and submitted by the Halfway House counselors when an adverse event effecting treatment or requiring dismissal occurs to a program participant.

Of the 56 program participants that participated in Phase II:

- 8 remain active in phase II,
- 45 completed phase II for a completion rate of 93.8% for phase II
- 3 failed phase II (one person failed twice, so only 2 individuals actually failed).
- 2 individuals remained at the prison to serve as mentors because of lengthy sentences

Of the 45 program participants that participated in Phase III:

- 16 remain active in phase III
- 35 of 45 remain active or completed phase III for a retention rate of 77.8%
- 19 completed phase III for a completion rate of 65.5% for phase III
- 10 failed phase III

Of the 19 program participants that participated in Phase IV:

- 16 remain active in phase IV for a retention rate of 84.2% for Phase IV at this time
- There are no completers at this time as the initial group is scheduled to complete the program in August of 2007
- 3 failed phase IV

The tables below summarize the matriculation of program participants by program phase.

### Summary of Program Participant Status

| Group #       | No. of Clients in Group | Phase II Start Date | Phase II |          |         | Phase III |          |         | Phase IV |          |         |
|---------------|-------------------------|---------------------|----------|----------|---------|-----------|----------|---------|----------|----------|---------|
|               |                         |                     | Active   | Complete | Dropped | Active    | Complete | Dropped | Active   | Complete | Dropped |
| 1             | 8                       | 8/21/2006           |          | 8        |         |           | 7        | 1       | 7        |          |         |
| 2             | 8*                      | 9/11/2006           |          | 6        | 2*      |           | 5        | 1       | 3        |          | 2       |
| 3             | 8                       | 12/4/2006           |          | 8        |         |           | 6        | 2       | 5        |          | 1       |
| 4             | 8*                      | 12/25/2006          |          | 7        | 1*      |           | 1        | 6       | 1        |          |         |
| 5             | 8                       | 3/12/2007           |          | 8        |         | 8**       |          |         |          |          |         |
| 6             | 8                       | 4/2/2007            |          | 8        |         | 8         |          |         |          |          |         |
| 7             | 8                       | 6/18/2007           | 8        |          |         |           |          |         |          |          |         |
| <b>Totals</b> |                         |                     | 8        | 45       | 3*      | 16        | 19       | 10      | 16       | 0        | 3       |

\*Denotes one client that failed twice.

\*\* Denotes one client that completed Phase II but was delayed during Phase II and is waiting to progress into Phase III.

The following tables summarize the reason for program participants being dropped from the program.

| Drop Reason        | Number     |
|--------------------|------------|
| 1. Methamphetamine | 1          |
| 2. Other Drug Use  | 1          |
| 3. Alcohol Use     | 1          |
| 4. Drugs & Alcohol | 1          |
| 5. Other Violation | 11*        |
| 6. Not Available   | 1          |
| <b>Total</b>       | <b>16*</b> |

\*Denotes one client that failed twice.

| Study ID | Intake     | Drop Date  | Drop Reason  |
|----------|------------|------------|--|
| 41170    | 12/4/2006  | 3/27/2007  | Lied about having a job.   |
| 41563    | 1/2/2007   | 11/26/2006 | Breaking rules.  |
| 41822    | 12/27/2006 | 5/31/2007  | Breaking rules & walking out.  |
| 42968    | 12/4/2006  | 6/6/2007   | Alcohol, THC, PCP  |
| 43603    | 12/27/2006 | 4/23/2007  | Shoplifting.   |
| 44508    | 9/11/2006  | 4/23/2007  | Dishonesty of program.   |
| 44550    | 8/21/2006  | 2/13/2007  | Client left without returning.   |
| 44663    | 12/27/2006 | 5/31/2007  | Attendance & breaking rules.   |
| 45304    | 9/11/2006  | 2/5/2007   | Multiple bottles of liquid cough medicine and multiple boxes of cold /cough tablets. |
| 46236    | 9/11/2006  | 4/18/2007  | Missing three breathalyzer tests and drinking alcohol.                               |
| 47047    | 12/27/2006 | 4/23/2007  | Shoplifting.   |
| 7148     | 12/27/2006 | 6/21/2007  | Non-compliance with employment issues.   |
| 47254    | 12/27/2006 | 9/26/2006  | Suicide attempt.   |
| 47254*   |            | 12/26/2006 | Sexual assault.  |
| 47266    | 12/4/2006  | 3/20/2007  | Not Available.   |
| 47365    | 12/27/2006 | 4/20/2007  | U/A tested positive for Meth.  |

\*Second attempt with the program.

Drug Testing/Urinary Analysis

A condition of the program is continuous monitoring of drug use through urinary analysis of program participants that have matriculated into Phase III and Phase IV of the program. The urinary analysis testing results from twenty-six program participants was forwarded to Mountain Plains Evaluation, LLC for analysis. Comparison of this data with urinary analysis from parole datasets reveals a discrepancy in reporting of urinary analysis data that is being reviewed and will be rectified in the coming weeks (at this time the issue appears to be one of data flow and reporting as apposed to lack of testing).

The following table provides a summary of the urinary analysis data submitted to Mountain Plains Evaluation, LLC as an initial summation of the programs ability to monitor program participant drug use through urinary analysis. Of the 615 test for which data was available for analysis, this represents a span of over 2,200 days in which program participants were monitored (first test day for each client until last testing date for each client). On average, program participants are tested every 3.6 days.

### Summary of Urinary Analysis

| Client ID                                      | Halfway House   | First UA Date | Last UA Date | No. Days<br>from First<br>UA date to<br>Last UA<br>Date | No.<br>Tests | Average<br>Days<br>Between<br>Tests | No. of<br>Fail<br>Tests |
|--|-----------------|---------------|--------------|---|--------------|-------------------------------------|-------------------------|
| 41170  | Arch            | 3/6/2007      | 3/25/2007    | 19  | 7            | 3.17                                | 0                       |
| 41822  | Arch            | 3/27/2007     | 5/29/2007    | 63  | 22           | 3.00                                | 0                       |
| 43469  | Arch            | 12/12/2006    | 3/13/2007    | 91  | 32           | 2.94                                | 0                       |
| 43603  | Arch            | 3/27/2007     | 4/20/2007    | 24  | 9            | 3.00                                | 0                       |
| 44550  | Arch            | 11/21/2006    | 2/9/2007     | 80  | 23           | 3.64                                | 0                       |
| 44663  | Arch            | 3/27/2007     | 5/29/2007    | 63  | 22           | 3.00                                | 0                       |
| 45185  | Arch            | 3/27/2007     | 6/16/2007    | 81  | 28           | 3.00                                | 0                       |
| 45242  | Arch            | 3/6/2007      | 5/27/2007    | 82  | 28           | 3.04                                | 0                       |
| 46236  | Arch            | 12/12/2006    | 3/26/2007    | 104   | 33           | 3.25                                | 0                       |
| 47047  | Arch            | 3/27/2007     | 4/20/2007    | 24  | 9            | 3.00                                | 0                       |
| 47213  | Arch            | 3/6/2007      | 5/27/2007    | 82  | 28           | 3.04                                | 0                       |
| 47365  | Arch            | 3/27/2007     | 6/17/2007    | 82  | 17           | 5.13                                | 1                       |
| 47537  | Arch            | 3/6/2007      | 6/2/2007     | 88  | 30           | 3.03                                | 0                       |
| Average days between tests for the Arch        |                 |               |              |   |              | 3.25                                |                         |
| 44831  | City / County   | 1/10/2006     | 2/28/2007    | 91  | 20           | 4.79                                | 0                       |
| 46779  | City / County   | 2/3/2007      | 4/23/2007    | 79  | 19           | 4.39                                | 0                       |
| 47046  | City / County   | 11/29/2006    | 2/20/2007    | 83  | 20           | 4.37                                | 0                       |
| 47340  | City / County   | 3/8/2007      | 4/23/2007    | 46  | 12           | 4.18                                | 0                       |
| Average days between tests for City / County   |                 |               |              |   |              | 4.43                                |                         |
| 40307  | Glory House     | 12/7/2006     | 4/11/2007    | 125   | 30           | 4.31                                | 0                       |
| 45443  | Glory House     | 11/21/2006    | 2/16/2007    | 87  | 17           | 5.44                                | 0                       |
| 47148  | Glory House     | 3/27/2007     | 6/20/2007    | 85  | 33           | 2.66                                | 0                       |
| Average days between tests for Glory House     |                 |               |              |   |              | 4.13                                |                         |
| 42968  | Stepping Stones | 3/6/2007      | 6/5/2007     | 91  | 30           | 3.14                                | 0                       |
| 44508  | Stepping Stones | 12/19/2006    | 4/16/2007    | 118   | 30           | 4.07                                | 0                       |
| 45304  | Stepping Stones | 12/19/2006    | 2/2/2007     | 45  | 15           | 3.21                                | 0                       |
| 46015  | Stepping Stones | 12/19/2006    | 6/4/2007     | 167   | 34           | 5.06                                | 0                       |
| 46583  | Stepping Stones | 12/19/2006    | 5/30/2007    | 162   | 40           | 4.15                                | 1                       |
| 46974  | Stepping Stones | 12/19/2006    | 5/7/2007     | 139   | 27           | 5.35                                | 0                       |
| Average days between tests for Stepping Stones |                 |               |              |   |              | 4.16                                |                         |
| Totals:  |                 |               |              | 2201  | 615          | 3.58                                | 2                       |

### Participant Ratings of the Program

Participants are asked to judge the effectiveness of the program themselves through completion of Exit Interview questionnaire at the end of Phase II and upon completion of the entire program. A total of 49 participants completed Exit Interviews were available for analysis at this time from the end of Phase II. There were no Exit Interviews available for program completers at this time since the initial cohort will be completing the program during the middle of August.

The Exit Interview asked program participants to rate the program based on its ability to help the individual in a variety of ways. By totaling the scores and assigning an average, one can determine that the program was rated highest in its ability to help participants understand the harm that can be caused by alcohol and drug use; this function of the program received an average score of 3.84 out of a possible of 4. The cultural content of the program was rated lowest, with an average score of 3.02. Overall the vast majority of participants rated the program as “Good” or “Excellent” in these areas as noted below.

Figure 1: Participant ratings of the program on the Exit Interview.

| Response Distribution  |      |              |               |               |                |
|--|------|--------------|---------------|---------------|----------------|
|  | Mean | Poor<br>1    | Fair<br>2     | Good<br>3     | Excellent<br>4 |
| a. Providing me with individual help                                       | 3.55 | 0            | 2<br>(4.1%)   | 18<br>(36.7%) | 29<br>(59.2%)  |
| b. Helping me understand the harm that can come from alcohol and drug use. | 3.84 | 0            | 0             | 8<br>(16.3%)  | 41<br>(83.7%)  |
| c. The cultural content of the program                                     | 3.02 | 5<br>(10.2%) | 7<br>(14.3%)  | 19<br>(38.8%) | 18<br>(36.7%)  |
| d. Meeting my personal needs   | 3.62 | 2<br>(4.3%)  | 14<br>(29.8%) | 31<br>(66.0%) | 47<br>(100.0%) |
| e. Helping me get the services I need                                      | 3.63 | 0            | 2<br>(4.1%)   | 14<br>(28.6%) | 33<br>(67.3%)  |
| f. The overall program   | 3.65 | 0            | 1<br>(2.0%)   | 15<br>(30.6%) | 33<br>(67.3%)  |



The Exit Interview also asked program participants to rate how they felt the program helped them. Similar to the results discussed above, program participants rated the program highly with the majority of responses being “Somewhat Agree” or “Agree”.

#### Summary of Program Participants Agreement with

|   | Mean | Disagree<br>1 | Somewhat<br>Disagree<br>2 | Undecided<br>Neutral<br>3 | Somewhat<br>Agree<br>4 | Agree<br>5    |
|---|------|---------------|---------------------------|---------------------------|------------------------|---------------|
| a. I learned important information.                     | 4.94 | 0             | 0                         | 1<br>(2%)                 | 1<br>(2%)              | 47<br>(95.9%) |
| b. I liked the program.                                 | 4.78 | 0             | 0                         | 2<br>(4.1%)               | 7<br>(14.3%)           | 40<br>(81.6%) |
| c. The counselors were helpful.                         | 4.88 | 0             | 0                         | 3<br>(2%)                 | 4<br>8.2%              | 44<br>(89.8%) |
| d. People in the program care about me.                 | 4.71 | 0             | 1<br>(2%)                 | 3<br>(4.1%)               | 7<br>(14.3%)           | 39<br>(79.6%) |
| e. The program was good for me.                         | 4.92 | 0             | 0                         | 0                         | 4<br>8.3%              | 44<br>(91.7%) |
| f. The information presented in the program was useful. | 4.96 | 0             | 0                         | 0                         | 2<br>(4.1%)            | 47<br>(95.9%) |
| g. Because of this program, I am a better person.       | 4.90 | 0             | 0                         | 1<br>(2%)                 | 3<br>(6.1%)            | 45<br>(91.8%) |
| h. I liked the program staff.                           | 4.90 | 0             | 0                         | 1<br>(2%)                 | 3<br>(6.1%)            | 45<br>(91.8%) |

In response to the question, “Would you recommend the Alcohol and Drug Treatment Program to other persons?” On the Exit Interview form, 44 (89.8%) program participants indicate they would recommend this program to others.

**Would you recommend the program to other persons?**

|               |       | Frequency | Percent |
|---------------|-------|-----------|---------|
| Valid         | Yes   | 44        | 89.8    |
|               | No    | 4         | 8.2     |
|               | Total | 48        | 98.0    |
| Not Available |       | 1         | 2.0     |
| Total         |       | 49        | 100.0   |

The Exit Interview form asked two questions intend to draw specific feedback from the program participants regarding their thoughts on the program: The two questions asked were:

- What did you like about the program?”
- What, if anything, about the program do you think needs to be changed?

The following are a few examples of the responses. A full set of responses can be found in the tables included at the end of this document.

| <b>Examples of Responses to question “What did you like best about the program?”</b>   |
|--|
| The care and concern staff has for the individual. It's good to be able to share personal information and know it's safe to do....   |
| The structure was good and thoroughness of the work also good, I believe 90 days is a good amount of time to really get to the source of your problems and then have some time to work on them and change some things. If you're serious about changing this is a great start.         |
| The structure of it and the different facets of it like the commitment to change class, victim's impact, job finding and keeping. It all came together very well.  |
| The scheduling because it kept me busy and the information because I think it will be useful to me when I'm out in the real world.   |
| The diversity, the compassionate staff. The consistency and constant reminders through the daily meetings.   |
| I liked the compassion that the counselors, teachers, therapist and unit manager have for us addicts who are in recovery!  |
| That it helped me to realize & understand how my behaviors are so important, that the information was presented in helping me understand what was destructive & what I could replace it with positively. That it prepared me for relapse and what to prepare myself for in the future. |
| That is was all girls. It was easy to let out skeletons.   |
| All the different and useful information. The way some of it was definitely individualized just to me and my specific worries. I also was helped to get whatever information I felt I would need also I am being helped to continue changing and growing when I leave with referrals.  |

| Examples of Responses to question "What, if anything, about the program do you think needs to be changed?"  |
|---|
| Bigger focus on relapse and how to avoid it.  |
| More positive in = More positive out. There NEEDS to be cooperation with medical staff and there is no communication of compassion or cooperation with medical staff.   |
| I think the mental health area is wonderful-but that it could use more interaction.   |
| I believe more interaction with talking instead of reading in class (mental health).  |
| Less focus on drama and more positive reinforcement verbally when someone does demonstrate a correct thought or behavior - especially mental health - less focus on drama more individual issues rather than inmate to inmate opinions.               |
| The physical and nutritional areas.   |
| A little more individual focus.   |
| The mother packet.  |
| Not mixing treatment people with non-treatment people in an extremely over crowded and hot facility. Living conditions should be more therapeutic. Over crowding tends to make people lose focus of their goals & makes it impossible to concentrate. |
| Keeping the women who are in treatment in the same rooms, at least a few so they can be supportive when faced with women who aren't in treatment and aren't respectful of change.   |
| The therapeutic community should be designed to be just treatment attenders so that it is totally supporting and safe.  |

As a means of measuring individual change, program participants are asked to judge or rate their own progress key concepts included in the treatment program. Overall, the data indicate clients believe they have made substantial improvements in regard to these sixteen key concepts as indicate in the following data table.

Comparison of Participants Progress on Key Concepts

|   | <b>Before the Program</b> |                    | <b>Now (at End of Program)</b> |                    |
|---|---------------------------|--------------------|--------------------------------|--------------------|
|   | Mean                      | Standard Deviation | Mean                           | Standard Deviation |
| a. Controlling meth use.  | 1.91                      | 1.02               | 3.65                           | .53                |
| b. Controlling drug use.  | 1.66                      | .96                | 3.58                           | .58                |
| c. Expressing affection with family members.                    | 1.94                      | .99                | 3.43                           | .66                |
| d. Being a good friend.   | 2.13                      | .99                | 3.44                           | .65                |
| e. Ability to get along with family members.                    | 2.09                      | .91                | 3.42                           | .71                |
| f. Developing trusting relationships.                           | 1.63                      | .93                | 3.23                           | .87                |
| g. Feelings of self-worth.                                      | 1.83                      | .87                | 3.29                           | .65                |
| h. Ability to make positive changes in your life.               | 1.68                      | .84                | 3.56                           | .58                |
| i. Having good friends.   | 1.91                      | .96                | 3.41                           | .65                |
| j. Parenting skills.  | 2.43                      | 1.13               | 3.24                           | .79                |
| k. The overall functioning of your family.                      | 2.02                      | .94                | 3.1                            | .78                |
| l. Dealing with stress.   | 1.5                       | .78                | 3.13                           | .54                |
| m. Knowledge of harmful effects of alcohol, tobacco, and drugs. | 2.47                      | .99                | 3.79                           | .46                |
| n. Your general physical health.                                | 2.04                      | .93                | 3.19                           | .61                |
| o. Your general mental health.                                  | 1.73                      | .84                | 3.19                           | .61                |
| p. Your ability to get help when you need it.                   | 1.6                       | .80                | 3.69                           | .55                |

| <b>What did you like best about the program?</b>  |
|---|
| It's my first treatment program, I liked it.  |
| A lot of knowledge.   |
| All except the unknown.   |
| The schedule and mtgs. In morning and evening.  |
| The care and concern staff have for the individual. Its good to be able to share personal information and know its safe to do so....  |
| The structure was good and thoroughness of the work also good, I believe 90 days is a good amount of time to really get to the source of your problems and then have some time to work on them and change some things. If you're serious about changing this is a great start.  |
| The structure of it and the different facets of it like the commitment to change class, victims impact, job finding and keeping. It all came together very well.  |
| The scheduling because it kept me busy and the information because I think it will be useful to me when I'm out in the real world.  |
| The counselor. The information and ART Therapy.   |
| The diversity, the compassionate staff. The consistency and constant reminders through the daily meetings.  |
| All the tools they had to offer. It was very helpful.   |
| The people I had in the group. I also want to praise There's a in commitment to change. Her along with the chemical dependency counselors makes the program.  |
| I liked the compassion that the counselors, teachers, therapist and unit manager have for us addicts who are in recovery!   |
| Very informational and personal.  |
| That it helped me to realize & understand how my behaviors are so important, that the information was presented in helping me understand what was destructive & what I could replace it with positively. That it prepared me for relapse and what to prepare myself for in the future.  |
| Communication in the group. Having breaks. Not being cooped up! Being taught tools, techniques, wisdom, and ways of new thinking.   |
| That is was all girls. It was easy to let out skeletons.  |
| The length of the treatment. (3 month meth program)   |
| My chemical dependency counselor.   |
| Got deep into the initial feeling or behavior.  |
| I like most the way my counselor is very persistent and caring. (Even when it wasn't fun and didn't feel good.) The information that was presented was vital to recover and I give all my kudos to the correctional staff who help provide a "Therapeutic Environment" to the best of their ability in an incarcerated circumstance. All my gratitude! Thank-you. |
| All the tools and information they had to offer, they were open to talk to if needed, the program was very helpful and I believe I am a better person because of it.  |
| Individual needs were met-there were always questions answered-someone was willing to talk even if it meant staying late. Everyone worked together to help us.  |
| The teachers, counselor, & all the staff. The information in general all very good.   |
| That they are not judgmental about who, where, what you have come from.   |
| The education.  |
| I honestly liked the intensity. I believe I needed the intensity.   |
| My counselor and the packets I worked on. Oh yeah - my whole group.   |
| Being able to get through the dirt. My counselor was very open minded & honest, built trust, trust her, feel comfort with her.  |
| Being able to dump my life's garbage out and not be judged for it.  |

| <b>What did you like best about the program?</b>  |
|---|
| The open and honesty. How I became comfortable to be open and honest.   |
| All the information that will help.   |
| Everything except night meetings.   |
| One on one help.  |
| It's 3 months long! Plenty of time to let things sink in & think about it! It gives us an opportunity to get help out there on the streets as well.   |
| I got to bring my personal addiction out in the open, and was not judged by anyone in my group. My counselor was fantastic!!!!  |
| The fact that it was a 90 day program helped me realize what was wrong with me. I had anxiety and didn't know it. I especially liked the commitment I change with the program.  |
| All the different and useful information. The way some of it was definitely individualized just to me and my specific worries. I also was helped to get whatever information I felt I would need also I am being helped to continue changing and growing when I leave with referrals. |
| The team of staff involved and the material covered.  |
| I liked everything. The treatment and administration. The staff was very approachable. The officers could have been better informed though they were pretty cooperative.  |
| Commitment to change. Talk therapy and group comfort. Stress & Anger and being able to approach about other. Morning meeting.   |
| I liked the way that all members of the IMT team really pull together to help us get through issues with care and understanding.  |
| It was very thorough and the staff is very dedicated.   |
| My counselor was the only one who I enjoyed talking to. I wouldn't want to go back to the prison for it.  |

| <b>What, if anything, about the program do you think needs to be changed?</b>   |
|---|
| Less prison stuff, more treatment.  |
| I don't know.   |
| Wednesday were too long, we had a lot of class time on Wednesdays, it was exhausting! There are other days that we have extra time and could replace that with one class on Wednesday.  |
| Bigger focus on relapse and how to avoid it.  |
| I think it needs less paperwork, but all in all I think it's a good program.  |
| More positive in = More positive out. There NEEDS to be cooperation with medical staff and there is no communication of compassion or cooperation with medical staff.   |
| Nothing I believe it was satisfactory. Better than any previous ones I've seen.   |
| Nothing.  |
| Too much paperwork to do on the block.  |
| I think the mental health area is wonderful-but that it could use more interaction.   |
| Mental health needs to be more than just reading.   |
| I believe more interaction with talking instead of reading in class (mental health).  |
| I feel that 2 NA or AA meetings per week would be beneficial. Mandatory.  |
| Correctional staff could use more training-more nutritional value in the food.  |
| More organized.   |
| Less focus on drama and more positive reinforcement verbally when someone does demonstrate a correct thought or behavior - especially mental health - less focus on drama more individual issues rather than inmate to inmate opinions.   |
| Nothing. If anything maybe the mental health groups.  |
| More videos. Treatment movies. Nutrition.   |
| Nutrition / the food sucks.   |
| The physical & nutritional areas.   |
| The nutrition. The food, its all carbs. I am a diabetic, Type II.   |
| Food - Some of the security staff needs more training on how to treat us.   |
| The 13 weeks. I should be like 11 - 12.   |
| A little more individual focus.   |
| The mother packet.  |
| No night meetings. The groups to do AA's especially when no one shows up.   |
| The environment they put us girls in. The treatment girls should be separated while in treatment. So the atmosphere is more positive. Consistency.  |
| Not mixing treatment people with non-treatment people in an extremely over crowded and hot facility. Living conditions should be more therapeutic. Over crowding tends to make people lose focus of their goals & makes it impossible to concentrate.   |
| Keeping the women who are in treatment in the same rooms, at least a few so they can be supportive when faced with women who aren't in treatment and aren't respectful of change.   |
| The therapeutic community should be designed to be just treatment attenders so that it is totally supporting and safe.  |
| Cultural choices and events.  |
| The competitive factor; and more cultural events for the faculty. We need to have a pow-wow & catholic services here. Also, there needs to be more time for recreational activities outside of treatment. I also don't like being shuffled around just because our group room is a multipurpose room Everything else was great! Also better health care and mental health care. |
| Larger recreational area people are not gonna do program should not be mixed with one's that  |

| <b>What, if anything, about the program do you think needs to be changed?</b>   |
|---|
| are because quite negative. More native (cultural aspect) being able to do work release before starting program.                                  |
| I think they need to open more cultural parallels to the other prison. Pow-wows, sweats, catholic services, Women Aglow & other spiritual events. |
| We need to leave prison with 2 forms of ID before we get to the 1/2 way house.  |